



THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE ASHBURTON PLACE, BOSTON, MA 02108-1607

RETIREE'S WITHHOLDING PREFERENCE CERTIFICATE: W-4P TAX FORM

MEMBER INFORMATION

(Print Name)

(Social Security Number)

(Address/City/Town/State/Zip)

PLEASE CHECK THE APPROPRIATE BOX:

1	<input type="checkbox"/>	I do not wish to have federal tax withheld from my benefit. I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.
2	<input type="checkbox"/>	The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below. A) Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate _____ B) Total exemption you wish to claim: _____ C) In addition to the above amount withhold an additional \$ _____ per month.
3	<input type="checkbox"/>	3. I wish to have a flat rate of \$ _____ per month withheld.

<div><div></div><div></div></div> <div>(Signature of Retiree)</div>	<div></div> <div>(Date)</div>
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For more information call (617) 367-7770 or 1-800-392-6014 (Mass. only) - fax # (617) 723-1438

Please notify the Retirement Board of any change of address.